

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH PTO-975)**

SERIAL NO.

APPLICANT(S)

FILING DATE

08/894766
08/894766

10/24/00 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		IND.		IND.		IND.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51										
2		1					52										
3		2					53										
4		2					54										
5		2					55										
6		2					56										
7		2					57										
8		2					58										
9		1					59										
10		1					60										
11		2					61										
12		2					62										
13		1					63										
14		2					64										
15		2					65										
16		1					66										
17		1					67										
18		1					68										
19		1					69										
20		1					70										
21		1					71										
22		1					72										
23		1					73										
24		1					74										
25		1					75										
26		1					76										
27		1					77										
28		1					78										
29		1					79										
30		1					80										
31		1					81										
32		1					82										
33		1					83										
34		1					84										
35		1					85										
36		1					86										
37		1					87										
38		1					88										
39		1					89										
40		1					90										
41		1					91										
42		1					92										
43		1					93										
44		1					94										
45		1					95										
46		1					96										
47		1					97										
48		1					98										
49		1					99										
50		1					100										
TOTAL IND.							TOTAL IND.										
TOTAL DEP.							TOTAL DEP.										
TOTAL CLAIMS							TOTAL CLAIMS										